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Bib Data Sheet

CONFIRMATION NO. 7182

|  |  |  |                               |   |
|--|--|--|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>09/641,827   | <b>FILING DATE</b><br>08/18/2000<br><b>RULE</b>  | <b>CLASS</b><br>482  | <b>GROUP ART UNIT</b><br>3764 | <b>ATTORNEY DOCKET NO.</b><br>13914.579.1 |
| <b>APPLICANTS</b><br>Scott R. Watterson, Logan, UT;<br>William T. Dalebout, Logan, UT;<br>Darren C. Ashby, Richmond, UT;   |  |  |                               |   |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CIP OF 09/349,608 07/08/1999 <i>pg 1 no. 6,312,363</i><br>AND A CIP OF 09/496,560 02/02/2000 <i>(11 no. 6,947,427)</i>  |  |  |                               |   |
| <b>** FOREIGN APPLICATIONS *****</b>   |  |  |                               |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br>GRANTED ** 10/06/2000  |  |  |                               |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35- USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Not after<br>first <input type="checkbox"/> no <input checked="" type="checkbox"/> grace<br>Verified and <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes<br>Acknowledged <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |  | <b>STATE OR COUNTRY</b><br>UT  | <b>SHEETS DRAWING</b><br>20   | <b>TOTAL CLAIMS</b><br>84                 |
|  |  |  |                               | <b>INDEPENDENT CLAIMS</b><br>5            |
| <b>ADDRESS</b><br>David B. Dellenbach<br>WORKMAN, NYDEGGER & SEELEY<br>1000 Eagle Gate Tower<br>60 E. South Temple<br>Salt Lake City, UT 84111   |  |  |                               |   |
| <b>TITLE</b><br>System for interaction with exercise device  |  |  |                               |   |
| <b>FILING FEE RECEIVED</b><br>2458   | <b>FEES:</b> Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                               |   |
|  |  | <input type="checkbox"/> All Fees<br><input checked="" type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                               |   |